DOCUMENT RESUME

ED 437 801 EC 307 651

AUTHOR	Whitson, Joanne B.
TITLE	Wyoming Department of Education Deaf-Blind Project Final Report.
INSTITUTION	Wyoming State Dept. of Education, Cheyenne.
SPONS AGENCY	Special Education Programs (ED/OSERS), Washington, DC.
PUB DATE	1999-09-30
NOTE	72p.; For related project report, see ED 391 283. Accompanying videotapes not available as part of an ERIC document.
CONTRACT	H025A50034
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF01/PC03 Plus Postage.
DESCRIPTORS	*Agency Cooperation; American Indians; *Clinical Diagnosis; *Deaf Blind; Disability Identification; Educational Methods; Elementary Secondary Education; *Incidence; Infants; *Inservice Education; Parent Education; Preschool Education; State Programs; *Technical Assistance; Toddlers; Videotape Recordings
IDENTIFIERS	*Wyoming

ABSTRACT

This final report describes activities and accomplishments of the Wyoming Department of Education Deaf-Blind Project, a 4-year federally supported project to identify children who have deaf-blindness and to provide technical assistance in the development of educational services for these children. Major accomplishments of the project included: identification of more children with deaf-blindness through biannual clinics; dissemination of information about the needs of children with dual sensory impairments; training of the Wyoming Early Intervention Assessment Team; collaboration with other agencies in the areas of identification of children with deaf-blindness; public awareness activities on deaf-blindness to the Native American population; and technical assistance to families and service providers. Individual sections of this report describe the project's purpose, goals and objectives, accomplishments, outcomes, problems, and impact. Extensive appendices include various forms and publications of the project, including an application form for the clinic, parent release forms, the school interview form, school checklist, family phone interview form, Wyoming Early Intervention Assessment Team evaluations, a brochure of the Deaf-Blind Diagnostic Clinic, and materials from the Deaf-Blind Project web page. Four videotapes accompany the report which address attending the diagnostic clinic, parent and professional partnerships, clinic referral, and the clinic's role in education. (CR)

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Wyoming Department Of Education
Deaf-Blind Project

CFDA
84.025A

Award Number
H025A50034

Final Report
10/01/95 – 9/30/99

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Submitted by
Joanne B. Whitson
Project Coordinator
Wyoming Deaf-Blind Project

EC 307651

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Executive Summary

The Wyoming Department of Education Deaf-Blind Project 1995-1999 was established to identify and screen children for deaf-blindness. In addition the Project's focus was to provide technical assistance and develop educational strategies for teachers, early interventionists, therapists, aids, caregivers and families of children who are deaf-blind. To accomplish this, biannual Deaf-Blind Clinics were developed offering both screening and technical assistance. To supplement the technical assistance provided during the Clinics, workshops introducing research based effective practices for working with children who are deaf-blind were offered. The following goals were developed with this purpose in mind.

Goals Summarization

1. To provide a statewide resource for the identification of children with deaf-blindness through the use of the Deaf-Blind Clinics.

2. To identify and provide technical assistance, intervention strategies and emotional support for families of children with deaf-blindness.

3. To identify and provide continued technical assistance and intervention strategies to agencies and service providers of children with deaf-blindness.

4. To implement an evaluation system for determining the effectiveness of the technical assistance given to families, school personnel, teachers and care providers of children with deaf-blindness.

5. To coordinate services with other agencies, 307.11 Projects, and Part H and B serving children with deaf-blindness.

6. To create through collaboration with South Dakota, North Dakota, Nebraska, Minnesota and Montana a regional system of coordinated identification and service delivery for children who are deaf-blind and live on American Indian reservation land in the Great Plains region.

Modifications to Goals

Changes were made to goal number four as it originally appeared in the grant application. (Page 29 and Appendix B of the original grant.) The evaluation system that was submitted in the grant application was devised through collaboration between the Western Region TRACES and Western Region States. When this system was applied it did not produce the desired results within the Wyoming context. Therefore, a new system was developed comprised of a written evaluation following each technical assistance activity. Impact of strategies offered and outcomes were also looked at following the written evaluation.

Changes were also made to goal number six. (Pages 17 – 20 of the original grant.) It was discovered that before technical assistance could be offered, awareness of deaf-blindness and implications from this condition needed to be addressed. Therefore, this goal was modified. The new goal addresses means to develop awareness of deaf-blind issues by the Native Americans residing on reservation lands. The activities listed in the grant (pages 33 – 34) remain the same with additional activities developed to heighten awareness.

Context

The goals for this Project were developed to fit Wyoming's special needs. Prior to the Project no agency took the lead in serving children with deaf-blindness. Specialists in blindness/visual impairment or deaf/hard of hearing provided services. Therefore only part of the impairment was being addressed and the special needs associated with deaf-blindness were not recognized. To address this gap in service the grant was designed to first identify children with

deaf-blindness, locate where they reside and develop technical assistance strategies to meet the needs of their service providers, families/caregivers.

Goal Accomplishments

Objective 1.0: To provide a statewide resource for the identification of children with deaf-blindness through the use of the Deaf-Blind Clinics. (Pages 12, 23 -- 25 of the original grant.)

A biannual Deaf-Blind Diagnostic Clinic was established to screen for children who are deaf-blind. The Clinic model was developed to meet the specific needs of the State of Wyoming. Wyoming is a very rural state with very few medical specialists. Vast regions of land and mountain ranges separate these specialists who practice within the state. Therefore, the Clinic was developed to ensure families, early childhood programs and schools were able to access professional screening specialists in one location without leaving the state. The medical component of the Deaf-Blind Diagnostic Clinic is comprised of the following specialists:

- Audiologist
- Clinical Psychologist
- Developmental Optometrist/Low Vision Specialist
- Optometrist
- Otolaryngologist – Ears, Nose, Throat Specialist
- Pediatrician

Activities 1.1 – 1.3: To provide training to the Wyoming Early Intervention Assessment Team (WEIAT) before each Deaf-Blind Diagnostic Clinic. (Pages 23 – 25 of the original grant.) The Deaf-Blind Diagnostic Clinic is comprised of a medical team and the WEIAT. The WEIAT includes professionals from the following fields:

- Augmentative Communication Specialist
- Consultant for the Visually Impaired
- Integrated Eating Specialist
- Occupational Therapist
- Physical Therapist
- Sensory Integration Therapist
- Speech Language Therapist
- Teacher of the Hearing Impaired
- Teacher of the Visually Impaired/Orientation & Mobility

The role of the WEIAT is to assess the technical assistance needs of the teachers, early interventionist, therapist, aids, caregivers and family members of children who are deaf-blind.

The original intent of the grant was to incorporate the "Trainer of Trainer Model". The premise of this model is that a team member is sent for training in a research based effective practice. That person then returns and trains the remaining team members in that strategy. Thus providing training for all team members. It was discovered that this strategy alone did not provide for enough training in all the related research based effective practices. Therefore, to supplement the "Trainer of Trainer Model" the grant sponsored team members to additional training and hosted workshops within the state of Wyoming, thus increasing the numbers of professionals with background on deaf-blind strategies. The following list contains workshops and training attended by the WEIAT and hosted by the grant for teachers, early interventionist, therapist, aids and families/caregivers of children who are deaf-blind.

October 7, 1999	Team Building – WEIAT Team members. I facilitated class 9 participants
October 1, 1999	AER Conference Presented on the Wyoming Deaf-Blind Project and Transdisciplinary Approach. 14 participants

September 22, 1999	WASEA Conference Presented on the Wyoming Deaf-Blind Clinic 52 participants
July 14-16, 1999	Co-sponsored Dysphagia Workshop 25 participants
June 10-12, 1999	How Does Your Engine Run? Workshop 72 participants
April 23-25, 1999	Co-Sponsored Brain Gym® conference 25 participants (limited class size of 24)
April 15, 1999	Integrated Eating Solutions: A Holistic Approach to Identifying, Assessing and Treating Individuals with Oral Motor, Dysphagia or Meal Time Issues Ellen Holzmann, MS-CCC-SLP, CMT 28 participants
February 16-20, 1999	Grant Writing Workshop NTAC
January 15-19, 1999	Diagnostic & Statistical Manual of Mental Disorders Gallaudet University WEIAT member Trainer of Trainer model
June 1 – August 30, 1999	Psyco-Social Aspects of Deaf-Blindness Gallaudet University WEIAT member Trainer of Trainer model
December 4-5, 1998	Focus on the Vestibular, Auditory and Visual Traid for Increased Treatment Effectiveness WEIAT member Trainer of Trainer model
October 29, 1998	Grant Writing Workshop/Team Building Joanne Whitson 9 participants
October 18-20, 1998	Project Director's Meeting

June 23-25, 1998	Educational Kinesiology – Brain Gym® Rhonda Robles, MEd, OTR/L Barbara Smith 27 participants (limited class size of 24)
April 2, 1998	Introduction to Educational Kinesiology – Brain Gym® Rhonda Robles, MEd, OTR/L 25 participants (limited class size of 24)
March 26-28, 1998	Austin Symposium on Intervention for Persons with Mild to Severe Dysfunctions WEIAT member Trainer of Trainer model
November 5-8,1997	MEGA Conference The Impact of Deaf-Blindness Kathleen Stremel, Joanne Whitson Early Intervention Strategies for Dealing with a Child with a Dual Sensory Loss Kathleen Stremel, Amy Rushforth Growing up Deaf-Blind: Strategies for the School Age Learner Jamie McNamera, Carrie Strawn, Paddi Davies. Transition from School to Community JoAnn Enos, Mary Rich-Williams Resources for Families: Panel Discussion Joanne Whitson, Paddi Davis, P&A, Helen Keller, PIC, Vocational Rehabilitation, Parent 80 participants
October 25-28, 1997	Project Director's Meeting
October 2, 1997	Functional Orientation and Mobility Brent Bailey 25 participants
June 18-21, 1997	Communication and Assessment Dr. Jan Van Dijk 30 participants

April 24, 1997	MAPPING Educational Transition Strategy WEIAT member Trainer of Trainer Model Team Building, Joanne Whitson 9 participants
April 23-26, 1996	Communication if for Everyone Idaho Deaf-Blind Project WEIAT member Trainer of Trainer Model
March 12-15, 1996	TRACES Western Regional Meeting Transition services
October 27-29, 1996	Project Director's Meeting
October 17, 1996	Transdicsciplinary Teaming Approaches 9 participants
September 25-28, 1996	Active Learning Approach Dr. Lilli Nielsen WEIAT member Trainer of Trainer Model
September 13, 1996	TRACES Western Regional Meeting
May 21-23, 1996	Great Plains Regional Alliance
April 18, 1996	Usher Syndrome Dr. Sandra Davenport 25 participants
November 5-7, 1995	Project Director's Meeting
October 15, 1995	Promoting Partnerships: Leadership Training for Therapists in the Educational System WEIAT members Trainer of Trainer Model
October 5, 1995	Perkins Summer Institute: Strategies to Support the Inclusion of Learners Who Are Deaf-Blind in School and Communities WEIAT members Trainer-of-Trainer Model
September 13-17, 1995	AFB Hand in Hand: It Can Be Done TRACES

June 1, 1995	Usher Syndrome Sharon Anderson 9 participants
June 1, 1995	Communicable Diseases, Cause & Effect, How to Protect Yourself Linda Gudmundsen 9 participants

The Project Coordinator has received numerous comments stating that the above workshops have increased local capacity in working with children who are deaf-blind.

Activities 1.4 – 1.6: Develop awareness of deaf-blindness and the issues surrounding it within the state of Wyoming. Disseminate information on technical assistance activities. (Pages 24 – 25 of the original grant.)

The Project Coordinator felt that the most effective way in which to disseminate information concerning awareness of deaf-blindness and the Project activities would be to develop an ad campaign. To accomplish this, the Project Coordinator in conjunction with BVD Promo Services developed a series of videos, a Web Site, and a brochure. In order to ensure that funding for Project activities would not be jeopardized the Project Coordinator researched and then wrote subsequent grants to fund this activity. The Project Coordinator wrote a CSPD grant to cover all initial concept development, filming and script development.

- The Wyoming Deaf-Blind Diagnostic Clinic: Parents and Professionals Finding Answers Together – This video was funded by the Great Plains Regional Alliance. This was the first video developed and was geared to express the diverse population in Wyoming including Native Americans. This video is used when presenting information to other agencies and presentations during conferences.

- Attending Our Clinic: You Are Not Alone – This video was funded by the grant. It is a parent's perspective on the Deaf-Blind Diagnostic Clinic. The Parent Information Center utilizes this video

exclusively to inform parents of the services available and to let them know they are not alone.

- The Clinic's Role in Education: Assessing Wyoming's Children with Special Needs – This video was funded through a grant with Bilingual Services and depicts the technical assistance offered during the Deaf-Blind Diagnostic Clinic. It is used when talking with new teachers and service providers concerning services available and shown during in-service training with early intervention programs and schools.

- Making A Clinic Referral: Getting the Complete Picture – This video was funded by Wyoming Department of Health Maternal & Child Health. It was developed from the medical perspective and is shown to Public Health Services, the medical community and new physicians coming into the state.

As part of the ad campaign a brochure was developed incorporating pictures from the videos and is very user friendly with information about the Deaf-Blind Diagnostic Clinic and how to contact the Project Coordinator concerning Project activities.

To further disseminate information concerning technical assistance opportunities and increase awareness of deaf-blindness a Web Site was developed. It is located at www.k12.wy.us/svi. The Web Site contains the following information:

- Information about the Deaf-Blind Diagnostic Clinic – dates and services available
- Parent testimonials
- Developmental checklists
- Links to state and national organizations concerning deaf-blindness, blind/visual impairments and deaf/hard of hearing.
- Upcoming workshops and conferences
- Information concerning medical team and WEIAT members
- Lending library – books, videos and adaptive equipment
- How to contact the Project Coordinator for further information

In addition to the Web Site, the Project Coordinator has provided information regarding Project activities and technical assistance at the following:

- MEGA Conference – sponsored by **all** agencies within Wyoming that provide services to the disabled population.
- Disabilities Awareness Week – a weeklong awareness exercise hosted by the University of Wyoming, an annual event
- WASEA Conference – Wyoming Association of Special Education Administrators
- Governor's Early Intervention Council – Presentations and updates on Project activities are made by the Project Coordinator on a biannual basis
- AER Conference – Association of Education and Rehabilitation for the Blind/Visually Impaired
- Lions Clubs
- Interagency for Children in Carbon County
- Community Resource Center
- Local Health Fairs
- School Nurses Association
- Visually Impaired Support Group Meetings

The Project Coordinator has also submitted articles concerning Project activities and technical assistance opportunities to the following media:

- Newspapers
- Radio stations
- TV stations
- Newsletters
  - Hot Topics – monthly statewide school publication through the Department of Education
  - Information to Share – quarterly agency wide publication
  - Visionary – state wide publication for visually impaired, school districts, child development centers and medical community
  - PICS 'N' Pieces – Parent Information Center
  - WDE Weekly Information Sheet – Wyoming Department of Education

To ensure that all teachers, early interventionist, therapist, aids, caregivers and family members of children who are deaf-blind are informed of technical assistance opportunities, letters are sent to all school districts, preschools, child development centers, private schools, reservation schools and public health nurses. The letters are comprised of information on upcoming clinics and brochures on upcoming workshops.

Objective 2.0: To identify and provide technical assistance, intervention strategies and emotional support for families of children with deaf-blindness. This will be accomplished through the technical assistance provided by the WEIAT and medical team during the Deaf-Blind Diagnostic Clinic. (Pages 12, 26 – 27 of the original grant.)

In addition to the WEIAT and medical team, support was offered to the families through the partnership with Wyoming Department of Health Maternal & Child Health. This support consisted of genetic counseling when requested and family counseling by the Parent Consultant.

A Parent Coordinator also was available to families and caregivers for emotional support prior to and during the Clinic. This position was supported through the grant and developed under the guidance of the Governor's Early Intervention Council.

Activities 2.1 – 2.4: Biannual Deaf-Blind Diagnostic Clinics were offered to identify children with deaf-blindness, develop educational strategies, offer technical assistance and provide emotional support. (Pages 26 – 27 of the original grant.)

The Parent Coordinator interviewed families/caregivers prior to each Clinic. The information gleaned from the interviews concerned questions the family/caregiver had about the upcoming Clinic, special needs of the child and areas the family/caregiver wanted the teams to offer technical assistance during the Clinic.

Written applications were also taken from the schools, preschools, child development centers and public health nurses to determine the technical assistance needs of the teachers, early interventionist, therapist, aids, caregivers and family members of children who are deaf-blind. Attached with each application was a copy of the child's Individualized Education Plan (IEP) or Individualized Family Special Plan (IFSP), medical records and a five-minute video depicting areas of concern.

Technical assistance was offered to teachers, early interventionists, therapists, aids, caregivers and family members of children who are deaf-blind attending the Clinic.

The WEIAT adheres to a transdisciplinary model. A transdisciplinary team ensures that each professional on the team relinquishes his/her role and conducts the assessment in an arena fashion. This allows for all the team members to assess the needs of the child, provide recommendations for technical assistance and research based effective practices looking at functional activities in a short period of time.

Following each Clinic, a written report was sent to the families/caregivers and referring party. The written report contained concerns, recommendations and resources. Included with the report, an evaluation form was sent requesting an impact/outcome statement to be completed by families/caregivers and their referring agency. Ninety-eight percent of the evaluations were returned. Recommendations cited on the evaluations were implemented when feasible.

Objective 3.0: To identify and provide continued technical assistance and intervention strategies to agencies, schools and service providers of children with deaf-blindness. (Pages 13, 27 – 29 of the original grant.)

This objective was met through the provision of technical assistance offered by the biannual Deaf-Blind Diagnostic Clinic as cited in objective 2.

Activities 3.1 – 3.2: Continued provision of technical assistance and educational strategies based on strategic planning and the prioritization of identified needs through the use of the biannual Deaf-Blind Diagnostic Clinic. (Pages 27 – 29 of the original grant.)

To ensure that the technical assistance offered reflected research based effective strategies, the WEIAT received continuous training as discussed in Objective 1, Activities 1.1 – 1.3. (Refer to pages 6-10 of this report.)

The WEIAT sees each child in an arena type assessment including the family/caregiver, teachers, therapist and any other service provider who works with that child. The WEIAT assesses the child, then provides technical assistance to those accompanying the child in the areas of concern and those identified. The technical assistance provided is delivered in a demonstration fashion. Video taping is done to ensure that the family/caregiver and referring source have a guide on hand to remind them of the strategy. In addition following the clinic a written report is sent containing concerns, recommendations and resources as a technical assistance manual.

Due to the high number of requests, technical assistance concerns were kept track of and subsequent training were offered in those areas. Again refer to pages 6-10 of this report for a complete list of training.

Objective 4.0: To implement procedures for an evaluation system devised through collaboration with TRACES Western Region States and TRACES Western Region. (Pages 29 & Appendix B of the original grant.)

As stated above, this objective was modified, as TRACES is no longer in existence and the matrix was not appropriate to address Wyoming concerns.

To ensure the effectiveness of the technical assistance provided, written evaluations were conducted following every activity. In

addition follow-up evaluations were distributed looking primarily at impact of the technical assistance and the outcomes derived.

Objectives 5.0: To collaborate with other agencies, 307.11 Projects, Part H and Part B in the areas of identification of children with deaf-blindness and to provide technical assistance to teachers, early interventionists, therapists, aids, caregivers and family members. (Pages 16, 17, 29 – 33 of the original grant.)

The Project Coordinator has established partnerships and built bridges with the following agencies, organizations and community entities for the purpose of increasing awareness about deaf-blindness and promoting upcoming technical assistance workshops and training:

- Wyoming Department of Education – In Kind salary, time and benefits of the Project Coordinator and administrative assistant in addition to office space and equipment.
- Wyoming Department of Education, Part B – Works cooperatively with the Project Coordinator on the Deaf-Blind Census count.
- Wyoming Department of Education – CSPD and Bilingual grant for sponsorship of film footage and completion of videos.
- Wyoming Department of Health, Maternal & Child Health Services – Genetic Counselor and Parent Consultant for each Clinic in addition to providing medical information to team members prior to each Clinic.
- Wyoming Department of Health, Developmental Disabilities Part C – works cooperatively with the Project Coordinator on the Deaf-Blind Census count.
- Wyoming State Training School – provided space to hold biannual Clinics and store materials.
- Child Development Services of Fremont County, Lander, WY – provided space to hold biannual Clinics.
- Governor's Early Intervention Council – provided ongoing support, advice and constructive revisions of Project activities.

- Governor's Planning Council for Developmental Disabilities – advertised and co-sponsored technical assistance training.

- Arapahoe and Shoshone Early Intervention Program – ongoing publicity campaign for the awareness of deaf-blindness on the Wind River Indian Reservation.

- Parent Information Center (PIC) – promotes Clinic and provides publicity for upcoming Clinics.

- University of Wyoming – publicity for technical assistance training and incorporates the Project into Disabilities Awareness Week.

- NTAC – collaboration on technical assistance training and workshops.

- Great Plains Regional Alliance (GPRA) – collaboration on videos and development of template for public awareness.

- 307.11 Western Region State Projects – developed and co-sponsored the Van Dijk Summer Conference, 1997.

- Wind River Indian Reservation Medical Association – promoted the Clinics.

- City of Rawlins – donated space for workshops.

- Citizens Organized to See Violence Ended (C.O.V.E) – provided equipment for Clinics and workshops.

- Carbon County Extension Office – provided equipment for workshops, presentations and development of technical assistance brochures.

- Carbon County Road & Bridge – ongoing use of FAX machine.

- Carbon County Chamber of Commerce – provided publicity and information packets for technical assistance training.

- Community Resource Center – advertised available services in county wide resource guide.

- Interagency for Children in Carbon County (ICCC) – co-sponsored technical assistance training.

- Kids in Distressed Situations, Inc. (KIDS, Inc.) – donated time for conferences.

- Wyoming Speech and Language Association – co-sponsored technical assistance training.
- Wyoming Occupational Therapy Association (WYOTA) – co-sponsored technical assistance training.
- Montessori School of Casper – donated space for technical assistance training.
- Lander Fire Hall, Fire Department – donated space for technical assistance training.
- City Market and Mr. Dee's Grocery Stores – donated food for Clinics.

By incorporating these entities into sponsorship of Project activities, knowledge of deaf-blindness has increased in the general population.

Objective 6.0: To create a regional system of coordinated identification and technical assistance for children who are deaf-blind and reside on American Indian Reservation land through collaboration between the states of Montana, North Dakota, South Dakota, Nebraska, Minnesota and Wyoming. This alliance was named the Great Plains Regional Alliance (GPRA) referring to the Great Plains Tribes that reside in this region. In addition, through this collaboration technical assistance is offered to service providers and families/caregivers of children with deaf-blindness. (Pages 17 – 20, 33 – 34 of the original grant.)

As stated in the modification section, it was discovered that before a regional system could be established public awareness of deaf-blindness needed to be achieved. Therefore this objective was modified to read "To develop a template for providing public awareness on deaf-blindness to the Native American population."

Activities 6.1 – 6.4: The Alliance States will meet biannually to conceptualize, develop and produce materials for public awareness within the American Indian Reservations concerning deaf-blindness.

The Project Coordinator worked with the GPRA states to meet this endeavor. From these meetings, the initial conceptualization of the videos cited above was achieved. In addition a poster campaign was developed through this collaboration.

The Project Coordinator worked closely with the Arapahoe and Shoshone Early Intervention Program promoting and establishing the poster campaign to heighten awareness of deaf-blindness on the Wind River American Indian Reservation.

Problems Encountered – Lessons Learned

The Project Coordinator was advised by the Governor's Early Intervention Council to add a Parent Coordinator to the support staff of the Deaf-Blind Diagnostic Clinic. It was discovered after trying this that this position in this context did not meet the needs of the families/caregivers attending. This role became a means of developing discord between the families/caregivers and the school districts. Due to this, this position has been eliminated. In order to continue offering families/caregivers emotional support during the Clinic, a partnership was developed with the Parent Information Center (PIC). PIC will now provide a parent consultant to every clinic for family support and as a resource to families and caregivers. This was a difficult lesson to learn, however the relationship with PIC will broaden the scope of emotional support provided as this support can continue beyond the Clinic.

As each Clinic comes to a close, the Project Coordinator discusses implications and outcomes derived from the technical assistance provided. The Project Coordinator questions team members, families/caregivers and support staff on the outcomes. Changes are then made to reflect the input given. In addition the Project Coordinator continually seeks out improvements through discussion with Governor's Early Intervention Council, Wyoming Department of Education, PIC and Wyoming Department of Health, Maternal & Child Health Services. These recommendations are then implemented for effectiveness at the next Clinic. Those recommendations that are successful become part of the framework.

As the ad campaign has increased the awareness of deaf-blindness within Wyoming, all of the public and private agencies working with children who are deaf-blind and multi-disabled have approached the Project Coordinator to develop partnerships. This has been a very exciting outcome from the work generated through this grant. When preparing the new grant application for 1999 – 2003, all of these entities were included as partners.

Implications for Policy, Practice and Research

As stated above, the work begun in this grant cycle has proven to be an effective model in the state of Wyoming. The partnerships and bridges formed with other state agencies, community entities and the medical community will continue to grow in the new grant cycle.

It is the belief of the Project Coordinator that it would be worth considering having all states explore possible partnerships with other state agencies as part of the OSEP RFP application, not just in a matching capacity. The teamwork developed ensures that individuals who are deaf-blind will receive seamless service birth through adulthood.

APPENDIX A

- Application form for Clinic
- Parent release forms
- School interview form
- School checklist
- Family phone interview form
- Example of WEIAT I final report
- Example of WEIAT II final report
- Brochure for the Deaf-Blind Diagnostic Clinic
- Deaf-Blind Project Web Page

WYOMING DEPARTMENT OF EDUCATION
DEAF-BLIND CLINIC
October 8 & 9, 1999
APPLICATION

Name of Child: _____
Diagnosis (if known) of Child _____
(Pre) School: _____
Address: _____ City _____
Phone number and **CONTACT PERSON**: _____

Child's Social Security Number: _____
Date of Birth: _____
Parent/Caregiver's Name: _____
Mailing Address: _____ City _____
Phone number: _____

Does the Child have vision ☐ **Yes** ☐ **No**
Do you have concerns about your child's vision ☐ **Yes** ☐ **No**
Do you have concerns about orientation or mobility ☐ **Yes** ☐ **No**
If yes in any area, list concerns: _____

_____
If the child has glasses or uses adaptive devices, please bring them to the clinic.

Does the Child hear ☐ **Yes** ☐ **No**
Do you have concerns about your child's hearing ☐ **Yes** ☐ **No**
If so, list concerns: _____

_____
If the child has hearing aids or FM system, please bring them to the clinic.

Does the Child use Augmentative Communication Devices (AAC) ☐ **Yes** ☐ **No**
Do you have concerns about your child's AAC ☐ **Yes** ☐ **No**
Name of device and list any concerns you have: _____

_____
If the child has any augmentative devices, please bring them to the clinic.

Please check concerns you may have in the following physical and/or occupational therapy areas that you would like the clinic to be aware of:

☐ **Gait/Mobility Suggestions**
☐ **Bracing/orthotics**
☐ **Posture (including trunk curvature)**
☐ **Sensory Processing/Integration**
☐ **Wheelchair Assessment**
☐ **Handling/Therapy suggestions**
☐ **Seating/Positioning**

List any other concerns you may have in regards to physical and/or occupational therapy:

_____

_____
If the child uses any orthotics or braces, please bring them to the clinic.

Please check concerns you have in the following areas:

☐ **Verbal issues** ☐ **Respiratory issues**

☐ **Feeding/Eating issues*** ☐ **Nutritional concerns**

***A checklist is attached, please fill out if you have concerns in this areas.**

Please consult with the Parent/Caregiver when completing this section.
Check the team members that the child needs to see:

Doctors:

Audiologist ☐
Ear, Nose, Throat Doctor (Otolaryngologist) ☐
Genetic Counselor ☐
Low Vision Specialist ☐
Ophthalmologist/Optometrist ☐
Pediatrician ☐
Psychologist ☐

WEIAT – Wyoming Early Intervention Assessment Team

☐ Augmentative Communication ☐ Consultant f/t Visually Impaired
☐ Occupational Therapist ☐ Physical Therapist
☐ Speech/Language Therapist ☐ Teacher o/t Hearing Impaired
☐ Vision Teacher/Orientation & Mobility

Application Checklist: Please ensure that all of the following are included with your application

☐ Application ☐ Child's daily schedule
☐ IEP goals/objectives ☐ Interview form – teacher
☐ **MEDICAL INFORMATION** ☐ Signed releases of information
☐ Standard sized VHS video *

*The video should be no longer than 5 – 15 minutes depicting concerns that you want the team to be aware of.

Return ALL Information By September 15, 1999 To:

Joanne B. Whitson, Coordinator
Wyoming Deaf-Blind Project
Carbon Building, Room 325
Rawlins, WY 82301

If you have any questions, please feel free to call me at 307-324-5333.

WYOMING DEPARTMENT OF EDUCATION
DEAF-BLIND PROJECT
PARENT RELEASE

Student's name_____
Last First M.I.

I give permission for the (pre) school to release all **Medical and Educational Records** to the Wyoming Department of Education Deaf-Blind Clinic . I understand this information will be used for clinic purposes and then destroyed. I also understand this information will be kept confidential as is all other information pertaining to the clinic.

_____
Signature of Parent or Guardian Date

_____
Relationship to Student

Wyoming Department of Education
Deaf-Blind Diagnostic Clinic
&
Wyoming Department of Health
Maternal & Child Health

RELEASE OF INFORMATION AND PERMISSION FOR EVAULATION

Child's Name _____

Birthdate _____

I give permission for my child to evaluated and photographed at the Deaf-Blind Diagnostic Clinic. This includes being seen by the following team members:

Audiologist
Ear, Nose & Throat Doctor (ENT)
Genetic Counselor
Low Vision Specialist
Nutritionist
Ophthalmologist/Optometrist
Pediatrician
Psychologist
Augmentative Communication Specialist
Occupational Therapist
Physical Therapist
Speech-Language Therapist
Teacher of the Hearing Impaired
Vision Teacher/Orientation & Mobility
Consultant for the Visually Impaired

Support members that may see you and your child are:

Maternal & Child Health Services
Parent Advocate
Parent Information Center Representative

I authorize any person, physician, hospital, clinic, (pre)school, county, state or federal program to share information and to forward any and all medical and (pre)school information concerning my child to aid in his/her evaluation at the Wyoming Deaf-Blind Diagnostic Clinic.

This release of information is valid for a two-year period from the date signed.

_____

Signature date

_____

Relationship to child

SCHOOL INTERVIEW FORM

Name of Student:_____

Name of Teacher:_____

1. What concerns do you have regarding the student's vision:

2. What concerns do you have regarding the student's hearing:

3. How does the student make use of augmentative devices:

4. In what areas does the student function independently:

5. What type of assistance is needed:

6. How does the student move from place to place:

7. How is the student orientated to the environment and those in it:

8. How does the student make his/her wants, emotions, and needs known:

9. How does the student interact with peers and with adults:

10. List the strengths of the student:

11. What strategies have you implemented that work for you:

12. What independent choices does the student make:

13. List any daily living skills/tasks you are concerned with:

14. List any behavioral concerns you have:

15. List any health or safety concerns:

Any additional comments:

FAMILY PHONE INTERVIEW FORM

Name of Child:_____ Age:_____

Disability:_____

Birth Date: _____

Name of person interviewed:_____
Relationship to child:_____

Phone:_____
Town:_____

Name of person completing form:_____

1. What concerns do you have regarding your child's vision?

2. What concerns do you have regarding your child's hearing?

3. How does your child communicate his/her wants, needs, emotions to you?

4. How do you communicate with your child?

5. What concerns do you have about daily living task/skills, i.e., toileting, dressing, hygiene, feeding, chores, etc.

6. What concerns do you have regarding your child's behavior?

7. What are your child's strengths?

8. What is your child's favorite toy or activity?

9. Do you have other children? Yes___ No___ Ages:_____

10. How does your child interact with the siblings?

11. What is your child's favorite family activity?

12. What do you see your child doing in six months?

13. What do you see your child doing in one years?

14. Are you in agreement with the schools program? If no, what are the areas of concern?

15. Do you have a support network? Yes____No____ Explain:_____

16. You are encouraged to bring teachers, support, etc. with you. Do you plan on bringing anyone with you, and if so, who and how many?

17. Will you be bringing any siblings?

If you would like to share any other information or concerns about your child, use the space provided below.

Family Support Network contact in your area

WYOMING DEPARTMENT OF EDUCATION
DEAF/BLIND MULTI-IMPAIRED CLINIC

STUDENT: [redacted]
DATE OF BIRTH: [redacted]
DATE OF ASSESSMENT: October 30,31,1998
PARENTS/GUARDIAN: [redacted]
ADDRESS: [redacted]
CLASSROOM PLACEMENT:

TEAM MEMBERS: WEIAT I

Randy Hite, Physical Therapist
Rhonda Robles, Occupational Therapist
Anne Meyer, Speech/Language Clinician
Mary Rich-Williams, Vision Teacher/O&M
Ellen Fenner-Stahlecker, Hearing Impaired Specialist

The Wyoming Early Intervention Assessment Team (WEIAT) is a trans-disciplinary educational team that provides an integrated assessment that reflects the school and family concerns. Team members commit to work across disciplinary boundaries and may provide recommendations in the following areas: Hearing, Vision, Communication, Motor, Self-Help Skills, Cognition and Behavior. The assessment process involves reviewing the student's records, viewing a videotape prepared by the school, interviewing the family and educational staff, and interacting with the student in a non-traditional observational setting.

Additional assessments and recommendations were made by the following medical specialists: General Practitioner, Audiologist, ENT Specialist and Ophthalmologist.

PURPOSE OF ASSESSMENT

The purpose of the assessment on [redacted] is to give instructional recommendations to both the family and the school district in the following areas: educational strategies for hearing and vision.

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STUDENT: [redacted]
DATE OF BIRTH: [redacted]

CONCERN: Vision

The team of professionals working with [redacted] would benefit from training and information on visual disabilities. Ron Warpness who is the Visual Consultant for Services for the Visually Impaired in [redacted] area would be a good resource for this.

[redacted] was observed using several pieces of adaptive equipment. [redacted] benefits greatly from the use of a slant board for reading and writing. When [redacted] was given a choice, he chose to use theme sized right-line paper. This is available from Pro-Ed. The tactile lines on the paper provided [redacted] with better feedback for keeping his line of words straight and even. His slant board has dycem to help keep materials on it. An elastic band for the same purpose and a clip can be incorporated if dycem is not available. These items make it even more useful and convenient. [redacted] also used a large print calculator. He explained that one of the problems with his current calculator is that it is solar powered. Every time he leans over to read the display, he blocks the light source to power the calculator. Because [redacted] must get that close to his calculator to read it, it would be better to get one that is not solar powered and to change conventional batteries as needed. For ease of reading the display, an adjustable display would give [redacted] more versatility than the current fixed display. His current calculator has large buttons with high contrast large print numbers and letters. That is excellent and should be looked for in a new model that has the other features just discussed.

[redacted] used two magnifiers for us: a stand magnifier and a bubble magnifier. He did much better with the bubble magnifier than he did with the stand magnifier. [redacted] reads well with the magnifier, but has difficulty scanning for information. Teaching scanning techniques for this magnifier will increase his efficiency with it. [redacted] also brought a monocular hand-held telescope, with him. With his naked-eye, he was unable to see the fence line or the playground (both at approximately the width of a four lane street from us). Using the monocular, [redacted] identified the equipment on the playground and the landscape beyond fence. During the assessment, [redacted] scanned a wall from approximately fifteen feet away. He was able to make out the items on the wall from that distance, but not able to read them. He moved closer, brining him within about ten feet read a sign that was written in one and one-half inch lettering. Due to this, [redacted] should

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Student's Name: [redacted]
Date of Birth: [redacted]

RECOMMENDATIONS

CONCERN: Hearing

From looking at [redacted] schedule of classes, he has a heavy language load. Pre-teach concepts in the academic areas so that he is familiar with the vocabulary involved. Allow [redacted] to paraphrase what is said, if he has difficulty, the adult should rephrase using different words. Allow [redacted] time to process the information, watching for fatigue factors. It is felt that he probably does not need to have the requirements modified as much as he may need more pre and post teaching time. This may require dropping either a science or social studies class to allow for more tutoring time.

His class schedule should incorporate the more heavy language level subjects early in the day. This may reduce his fatigue, so that he can keep up with his peers.

Note-takers should be provided by either peers or adults for his classes. [redacted] should be involved in what information is taken down and the format for the notes. This will give him ownership in the process. This is a good training exercise as he will need to train his own note-takers in future situations. Language level of the notes should be monitored so it is at his level.

[redacted] will probably always need a note-taker and tutoring in the heavy language load classes. Speech therapy would be most beneficial if it is on a consultation basis. Training the paraprofessional and teachers to correct mispronunciations at the time of production and to periodically check for misunderstandings will be more productive.

[redacted] has a unilateral hearing loss. This makes him at high risk academically. It also could make localization of sounds difficult for him. An audiometric exam would be helpful to the professionals working with [redacted] so they would know what sounds he may be missing auditorially and also what sounds he has difficulties with in his productions.

The team of professionals that work with [redacted] would benefit from training and information on hearing impairments. A good resource in this area would be the Wyoming Department of Education's Deaf Outreach. The consultant would be able to connect the school to Wyoming Hearing Impaired Contact for socialization with other hearing impaired students throughout Wyoming and also Family Days which would give opportunities to the family to interact with others with the same concerns.

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be able to incorporate the monocular in the classroom to read the board and see any video materials. He can also use this in the lunchroom to locate friends.

[redacted] works well with his monocular, but would benefit from continued instruction for mobility purposes and distance viewing in the classroom. We discussed learning to scan and focus, while in a moving vehicle, which is one of the more difficult skills to master with a monocular.

In addition to the items that he brought we discussed computer equipment. [redacted] prefers PCs to Macs and is more familiar with their operation. The PC is also more versatile with more accessible software. On a Mac the only accommodations that are possible include: enlarging the hard drive to change the font size and style within each program for clarity and large print and to add a screen magnifier. On a PC, using Windows '98, there is a strip that will enlarge a single line of information at a time, built into the computer. If more global enlargement is needed, screen-magnifying software, such as Zoom Text can be added. This type of software allows the individual using it to decide what amount of magnification they wish and how the magnification will be presented on the screen. It can even be ordered with a built-in speech synthesizer so that it is simultaneous visual and auditory presentation of information. Zoom Text allows for twenty-three different magnification sizes so that [redacted] could chose the size needed for each type of material.

To empower [redacted] and increase his independent skills several courses of action were recommended. It is important for [redacted] to understand the IEP process and his rights as an individual with a disability. The day will come, when [redacted] will reach the age of emancipation and be responsible for him-self. To access the services that he may need to succeed in future education and employment, he will need an understanding of what services are available and practice in acquiring them. On a practical, immediate basis, Bradley should be given assistance and practice in the various aspects of making accommodations for his deaf-blindness. It will help his independence if he knows how to do the following tasks: how to use a copy machine to make enlargements, how and where to order books, how to run an IEP, and how to apply for future services. If you start teaching [redacted] these processes and procedures now, a step at a time, explaining any changes that may occur, he will enjoy increased independence as an adult.

It is very difficult for deaf-blind individuals to express their feelings and explain what they can see and hear. [redacted] may need some specific instruction in expressing his feelings this will help to empower [redacted] and develop assertiveness, as well.

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STUDENT: [redacted]
DATE OF BIRTH: [redacted]

The Lion's Camp for the Blind, accessed through Services for the Visually Impaired can be a valuable resource in [redacted] continued education. Each summer the camp is offered for one week in July, to students ages 9-15, and for two one week sessions for students ages 16 and up. Classes in Adult Daily Living, O&M, crafts, low vision, creative writing, nature, computer technology, and Braille are offered. In addition to learning new skills and reinforcing old ones, it also provides the opportunity for socialization with visually disabled peers. It can be used in place of or in addition to Extended School Year Services.. The camp is free of charge to individuals, families or districts.

All deaf-blind students are eligible for transitional services, through Helen-Keller International. The consultant for the Rocky Mountain region is Maureen McGowan, out of Denver. She may be of some assistance in suggestions for planning for programming and materials.

SUGGESTED RESOURCES FOR FAMILY AND EDUCATORS

Maureen McGowan
Regional Representative
Helen Keller National Center
For Deaf-Blind Youths and Adults
1880 S. Pierce St., Suite 5
Lakewood, CO 80232

303-934-9037 (TTY and Voice Mail)
303-934-2939 (Fax)

Email: HKNCMO@tde.com

MEDICAL ASSESSMENTS

- **Douglas Laws**
Audiologist

[redacted] has a moderate to severe hearing loss in the right ear. Hearing is near normal in the left ear. He is wearing a hearing aid on the right ear. Billy Wortham (audiologist) out

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STUDENT: [redacted]
DATE OF BIRTH: [redacted]

of Lyman, WY is following him. Ms. Worthan has recently replaced his earmold and has [redacted] using an FM system when in school.

Recommendation: I counseled the mother to continue with a three part program:

1. Continue the FM in the school environment
2. Continue with regular medical appointments
3. Continue working closely with Ms. Wortham

- Ophthalmologist

Dr. Mikel Weideman

See attached report

- Ear, Nose, & Throat Specialist

Dr. A.L. Barrier

See attached report

- General Practitioner

Dr. Charles Young

See attached report

WYOMING DEPARTMENT OF EDUCATION
DEAF/BLIND DIAGNOSTIC CLINIC

STUDENT:	The student
DATE OF BIRTH:	
DATE OF ASSESSMENT:	October 8, 1999
PARENTS/GUARDIAN:	
ADDRESS:	
CLASSROOM PLACEMENT:	Child Development Center
TEAM MEMBERS:	WEIAT II

Amy Rushforth,	Occupational Therapist
Ellen Holzmann,	Speech/Language Therapist
Linda Tonsberg,	Physical Therapist
Carrie Strawn,	Hearing Impaired Specialist
Joanne Whitson,	Consultant for the Visually Impaired

The Wyoming early Intervention Assessment Team (WEIAT) is a trans-disciplinary educational team that provides an integrated assessment that reflects the schools and families concerns. Team members commit to work across disciplinary boundaries and may provide recommendations in the following areas: Hearing, Vision, Communication, Motor, Self-Help Skills, Cognition and Behavior. The assessment process involves reviewing the student's records, view videotape prepared by the school, interviewing the family and educational staff, and interacting with the student in a non-traditional observational setting.

PURPOSE OF ASSESSMENT

The purpose of the assessment with the student is to give instructional recommendations to both the family and the school district in the following areas: Sensory Defensiveness, Toleration of Prone, Auditory/Visual Sensitivity, Feeding, Expressive Communication and Hearing Aid Issues.

CONCERN

Sensory Defensiveness

RECOMMENDATIONS

The student is demonstrating sensory defensive behavior to bright lights, certain sounds, some touch and movement.

The student would benefit from a Pediatric Massage Program to help reduce sensory defensiveness and assist her to feel more organized. Through massage the student's

ability to accept sensory input and engage with activities within her environment will increase, her tolerance to new input will also increase. Pediatric massage should be introduced by her mother in a warm bath with her mother in the bath with her providing the massage. Only until she begins to tolerate a massage in the bathtub should it be done a quiet, warm room with natural lighting or dim lights. You may also have soft music in the background. The student may need to have part of her body wrapped in a warm soft blanket while the other part of her is being massaged. For specific instruction in the pediatric massage technique, it is recommended that parent/staff attend a training in this technique see resource list for reference person.

The sensory nurturing sequence for therapy consists of Pediatric Massage, Tactile Brushing program, Joint Compression, followed by Vestibular Activity. This sequencing is designed to enable the student a means of developing a wider range of accepting sensory input, which will decrease her sensory defensiveness. The vestibular activity could be swinging in a soft blanket, going side to side in a slow movement. Then gradually change the rhythm, rate and speed. Rolling can also be introduced in the blanket. This will help the student to get her to a prone position, with more tolerance, over several weeks. During the above activities the student's respiration should be monitored. If breathing is quickened, the activity should be altered to change the rate, rhythm and/or speed until the student demonstrates the ability to relax, regroup or organize. If within three minutes she does not reorganize, stop the activity and allow her to be comforted. After the student has settled down, give her time to relax before introducing the next activity or item. See attached "Sensory Stimulation Activities to Prepare and Organize for Engagement in Play" Worksheet.

CONCERN

Toleration of Prone (being placed on stomach)

RECOMMENDATION

During therapy activities on a ball it is recommended that a fleece blanket be placed on the ball to increase tactile tolerance or acceptance. As she is rocked forward provide compression through her trunk. In addition, the student can be carried by her mother in a prone position over her arm or against trunk. An inverted position can also be gradually introduced as her mother is holding her, (see video).

CONCERN

Auditory/Visual Sensitivity

RECOMMENDATIONS

The family and the student's treatment team has expressed concerns about The student's low range of tolerance for sounds, handling of toys and visual awareness. During the assessment, The student demonstrated using her vision very well. However, her ability to engage in play using her hands and her ability to tolerate a full range of sounds is limited.

The speech therapist should follow the physical therapist/occupational therapist in treatment. This will allow for the student to receive sensory input that will prepare her for more engagement in speech and auditory play. Work with The student in a quiet corner using real musical instruments. This is important to provide the student with a full spectrum of sound waves and tones. A switch activated tape player with children's songs with good rhythm and cadence can be incorporated to allow her time for engagement and time for organization using the 20 seconds of stimulation with 30 seconds to organize. As discussed during the assessment, The student should be engaged with stimulation for only 20 seconds at a time. Following the 20 seconds, The student needs to be given 30 seconds to organize and process the information she was given. During this time use a watch and do not talk or engage the student in other activities. The duration of this intense structure should not exceed ten minutes but should be incorporated several times during the day.

To address The student's habit of throwing (caused by her sensory defensiveness), it would be beneficial to play with her facing a corner or in a cubicle so that when she throws a toy it does not "go away" but stays with in her reach and visual field. Be playful and animated with her, for example "you threw that maraca! Look it is right here, lets get it and shake it again.

CONCERN
Feeding

RECOMMENDATION

An option for feeding, when time allows is for the grandmother to hold the student in her lap swaddled loosely in a soft blanket with arms free. This seems to work best when her mother presents the student with food and drink. Avoid wiping food from the student's chin/mouth when she is eating. The student appears to become distressed when the food is removed frequently from her face with the spoon or napkin and this interrupts her ability to take in the food. Try feeding her with her shirt removed and without a bib. This allows for the food to be both on the student's face and body thus helping the student accept more touch and textures on her body. Food accumulating on her body during feeding times will allow for opportunities for tactile tolerance. She may also initially and inadvertently touch the food and bring it to her mouth thus giving the student preparation for finger feeding.

Make subtle changes when introducing something new. This could be a flavoring or spice added to an all ready accepted food. See attached sheet entitled "Mealtime Behavioral Observation" for ideas, rate, quantity and intensity levels.

When introducing drinking from a cup – first have the cup within her visual environment then gradually over time place the food in the cup then continue feeding moving the cup closer to her face. Eventually, place the cup on her lower lip and allow her to suck the food off the cup.

During feeding time, allow the student to finish one texture of food before introducing another texture. This may include providing 2 different tastes in food but keeping with the same texture (i.e. regular applesauce & raspberry cinnamon applesauce).

If u[illegible]g the highchair, it may be beneficial to place her next to the table to include her in the social aspects of mealtime. It may be beneficial to feed her during family mealtime, offering her bites of food between your bites. If feeding her table food it should be prepared in front of the student to allow her to anticipate and prepare for the food. This provides a slight increased texture and should initiate chewing.

During feeding it is important to watch the student's avoidance cues when food is being presented too quickly or she is not tolerating the taste or texture. Cues may include head turning, pulling arms towards her body, slouching in chair and increased breathing rate and depth.

CONCERN

Expressive communication

RECOMMENDATIONS

In order to promote expressive language, utilize Aided Language Stimulation (ALS) ALS is a technique where the speaker points to black and white pictures while talking to the student. In an effort to illustrate what they are saying to her and demonstrate how to use a communication board. The student would then begin to understand how to point to pictures to make herself understood. This will not decrease verbal communication but will in fact enhance it. The use of the Boardmaker software program is very helpful in making communication boards that are specific to The student's needs as well as developing pictures that can be put in books to help her understand simple stories. Another good reference for a communication board that is available already made is Quick and Easy Ideas and Materials to Help the Non-Verbal Child "Talk" at Home, by Rouse and Katera. They supply an accompanying video that can be purchased to show you how to use the communication boards at home. The grandmother also mentioned that the geneticist had suggested sign language as an option for expressive communication. It is felt that this would also be an added benefit for the student but will not be her ultimate communication system.

CONCERN

Hearing Aid Issues

RECOMMENDATION

The student demonstrated both on the videotape and during the assessment her aversion to wearing her hearing aids. In addition, the mother informed the team of the student's reluctance to having them placed on at any time. At this time it is recommended that the student not be given the added stress of having to wear the hearing aids. When The student is no longer sensory defensive, and the hearing aids are reintroduced it is recommended that they be reintroduced one aid at a time for small increments of time, not to exceed ten to fifteen minutes. As her tolerance increases, the aid can be worn for longer periods and the second aid reintroduced. It is also recommended that she wear a safety strap for the aid, ant then when wearing both aids continue to use the safety strap, see references.

If you have any questions regarding these suggestions, please contact Joanne B. Whitson, Project Coordinator, Wyoming Deaf-Blind Project, Carbon Building, Room 325, Rawlins, WY 82301 or call (307)-324-5333.

RESOURCE LIST

1. Boardmaker software Mayer-Johsnon C. 1999 Catalog Augmentative communication Products P.O. Box 1579 Solana Beach, CA 92075 – 7579 1-800-588-4548 email: mayerj@mayer-johnson.com Web Site: www.mayer-johnson.com

2. Quick And Easy Ideas And Material To Help The Nonverbal Child "Talk At Home" – book and video, Mayer-Johnson 1999 Catalog Augmentative Communication Products P.O. Box 1579 Solana Beach, CA 92075 – 7579 1-800-588-4548 mayerj@mayer-johnson.com

3. West Music Company catalog for musical instruments. 1-800-397-9378.

4. Hearth Song catalog for sensory motor toys. 1-800-325-2502.

5. Seedlings catalog for preschool tactile books. 1-800-777-8552.

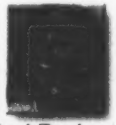
6. Infant Massage Instruction: Dawn Scarince, MA, SpED, Early Childhood Specialist, Certified Infant Massage Instructor 307-332-2610

Finding answers...

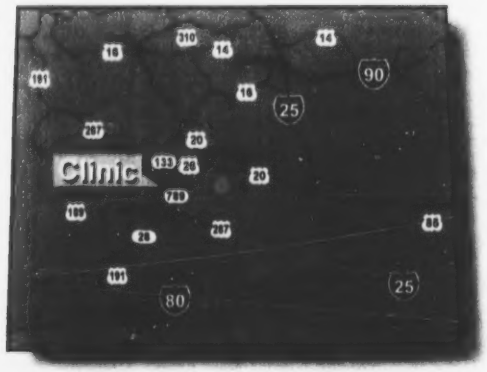
Finding answers to tough questions. It's what we're all about. The Wyoming Deaf-Blind Diagnostic Clinic provides medical evaluations and educational assessments for Wyoming's infants and youth with vision impairments, hearing impairments, and other disabilities.

Doctors, teachers, and other professionals come together to help diagnose and offer recommendations. Any Wyoming family with children from birth to 21 may apply.

A child may be referred by a personal physician, school nurse, principal, teacher, parent or any other concerned party. It's one day that could make a world of difference.



Joanne B. Whitson
Project Coordinator, Wyoming Deaf-Blind Project



The Clinic is held at the Wyoming State Training School, Emerson Building, in Lander..

WYOMING
Deaf-Blind
Diagnostic Clinic

The Wyoming Deaf-Blind Diagnostic Clinic
Carbon Building, Room #325
Rawlins, WY 82301

(307)324-5333

http://www.k12.wy.us/svi
e-mail: jwhits@educ.state.wy.us

Coordinated by:
The Wyoming Department of Education
Judy Catchpole
State Superintendent of Public Instruction

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WHEN IS THE CLINIC?

The clinic is held biannually in the spring and fall.

WHO CAN ATTEND?

Individuals between the ages of birth and 21.

WHAT IS THE COST?

Costs associated with the clinic are determined on an individual basis. For further information contact Joanne Whitson at (307)324-5333 or e-mail her at jwhits@educ.state.wy.us

CLINIC ADVANTAGES!

This clinic is a screening and diagnostic clinic.

A multi-disciplinary team approach is utilized including the Wyoming Early Intervention Assessment Team (WEIAT).

Medical Assessments are conducted and genetic counseling is available when needed.

Networking with Maternal & Child Health Services (MCH), Parent's Information Center (PIC) and parent organizations are available.

Funded by
U.S. Department of Education, Office of Special Education
and The Wyoming Department of Education.

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WHO ARE MEMBERS OF THE DIAGNOSTIC TEAM?

WEIAT

Hearing Impaired Specialist
Occupational Therapist
Communication Adaptation Specialist
Speech/Language Therapist
Vision Teacher
Orientation & Mobility
Physical Therapist
Consultant for the Visually Impaired

DOCTORS

Audiologists
Genetic Specialist
Low Vision Specialist
Opthalmologist/Optometrist
Otolaryngologist
Pediatrician
Psychologist

SUPPORT MEMBERS

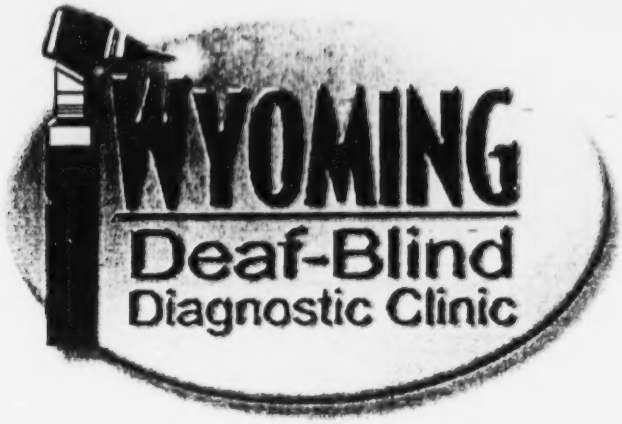
Nutritionist
Maternal & Child Health Services
Parent Advocate
Parent Information Center

WHAT IS WEIAT?

The Wyoming Early Intervention Assessment Team (WEIAT) is a transdisciplinary educational team that provides an integrated assessment of your child that reflects the school's and family's concerns. Team members provide recommendations and suggestions in:

- Hearing
- Communication
- Motor
- Self-Help Skills
- Cognition
- Behavior Modification

The WEIAT is an arena-type assessment. All of the team members work cooperatively. During the assessment, the parents/caregivers, school staff and support staff are invited and encouraged to participate. This participation encourages questions and the exploration of various strategies and techniques.



Wyoming Deaf-Blind Diagnostic Clinic

A one-day clinic to evaluate Wyoming's children with special needs.

STAFF NOTICE: CLICK HERE FOR INSERVICE/WORKSHOP INFORMATION

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A service of the Wyoming Department of Education

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BVD Bailey Video Design PRODUCTIONS

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So what's the clinic all about?

The Wyoming Deaf-Blind Diagnostic Clinic provides infants and youth with vision impairments, hearing impairments and other disabilities, free medical evaluations and educational assessments in a one-day clinic. The two yearly clinics are held in Lander, Wyoming.

Doctors, teachers, and other professionals come together to help diagnose and offer recommendations for Wyoming's children with special needs. Any Wyoming family with children from **birth to 21 years of age** may apply. There is **no cost** to the families and even overnight accommodations are provided. Parents and teachers are encouraged to attend.

Your child **doesn't have to be deaf and/or blind** to attend. Our clinic provides specific information and resources for families and individuals who have children with dual sensory impairments, mental retardation, physical disabilities, communication difficulties, learning problems, and special health issues. However, no previous diagnosis is required.

A child may be referred by a personal physician, school nurse, principal, teacher, parent, or any other concerned party. You can read our developmental checklist to see if your child is progressing as most children do at a given age.

You will be given a schedule that will direct you through various stations over the course of the day. Some stations will feature individual specialists, others will involve a group that will observe while only a few interact with your child. The entire staff will be involved in developing a group diagnosis and provide you with written recommendations. Parents and teachers are encouraged to attend.

This unique opportunity should not be taken lightly. New information can forever change the quality of life for your child and even yourself. Just ask the parents of many who have already attended. If you're still not sure, please order a free VHS videotape for a "personal tour." And be sure to check out the photo gallery.

The clinic is funded by government grants as part of the Wyoming Deaf-Blind Project. Acceptance is at the sole discretion of the clinic staff and is based on available space and the application. We make every attempt to accept all qualified applicants and schedule a visit as soon as possible.

Please contact us for current availability and scheduling information.

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Click here to visit the Photo Gallery.

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Photo Gallery

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CLINIC DATES

The Clinic is held two times each year, once in the spring and once in the fall.
It is always held on a Saturday. Upcoming dates are listed below.

SPRING 2000	April 14-15, 2000

STAFF NOTICE: CLICK HERE FOR INSERVICE/WORKSHOP INFORMATION

Please contact us for updates on future clinics.

Most schedules require families to be on site in Lander at 8:00 AM
on the clinic date (most families stay overnight Friday).
You should be able to leave no later than 5:00 PM.

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INSERVICE/WORKSHOP INFORMATION

This page is for clinic staff and others interested in inservice/workshop information.

UPCOMING DATES

January 14-15, 2000

Services for Young Children with Sensory Disabilities

Place - Ramada Valley Ho Resort & Conference Center
6850 Main St.
Scottsdale, AZ 85251

(800)321-4952 (Reservations)
Ask for: Western States Sensory Impaired Early Childhood Conference

Room Rates: $75 single/$85 double (Rollaway $10 and should be reserved. Double room can hold 4 people at no addl. cost)

Airport Shuttle provided.

Cost - $85.00

Designed for families and professionals providing services to young children with sensory disabilities. Identifying and collaborating on common goals and prevailing issues which impact early intervention services to children who are Deaf, Hard of Hearing, Blind, Visually impaired, and Deaf-Blind.

CLICK HERE TO VIEW BROCHURE AND PRINTABLE REGISTRATION FORM

June 12, 2000

Every Move Counts
presented by Jane Korsten

This program is designed to instruct teachers, educators, therapists and family members how to interpret the needs, wants and desires of non-vocal individuals.

Place - Rawlins, WY

More information TBA.

For more information call (307)324-5333 or send email to.

Joanne Whitson at jwhits@educ.state.wy.us

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How to contact us.

Mailing Address	Ms. Joanne B.Whitson, Project Coordinator Wyoming Deaf-Blind Diagnostic Clinic Carbon Building, Room 325 Rawlins, WY 82301
Telephone	(307)324-5333
E-mail	jwhits@educ.state.wy.us

Note that while our home office is in Rawlins, the clinic is held in Lander.

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STAFF NOTICE: CLICK HERE FOR INSERVICE/WORKSHOP INFORMATION

Clinic Staff

Joanne Whitson, MA	Program Coordinator
Richard E. Barnes, MD, FAAP	Pediatrician
A.L. Barrier, MD, MS, FACO-HNS	Ears, Nose & Throat Doctor
Larry Goodmay	Genetic Program Manager
Randy Hite	Physical Therapist
Ellen Holzmann, MS	Speech-Language Pathologist
Bob Kelso, PhD	Psychologist
Doug Laws, PhD	Audiologist
Sue E. Lowe, OD, FCOVD, FAAO	Low Vision Specialist
Diane Magill	Children's Services
Ann Meyer, MA	Speech-Language Pathologist
Karen Olsen, MS	Vision Specialist
Mary Rich-Williams	Vision Teacher
Rhonda Robles, MS	Occupational Therapist
Amy Rushforth, BS	Occupational Therapist
Ellen Fenner-Stahlecker, MS	Hearing Impaired Specialist
Carrie Strawn, BS	Teacher of the Hearing Impaired
Linda Tonsberg, BS	Physical Therapist
Sue Waetzig, MS	Augmentative Communication
Mike Weideman, OD	Optometrist
Liz Wood	Administrative Assistant
Charles Young, MD	General Practitioner
Nutritionist (TBA)	Nutritionist
Parent Consultant (TBA)	Parent Information Center

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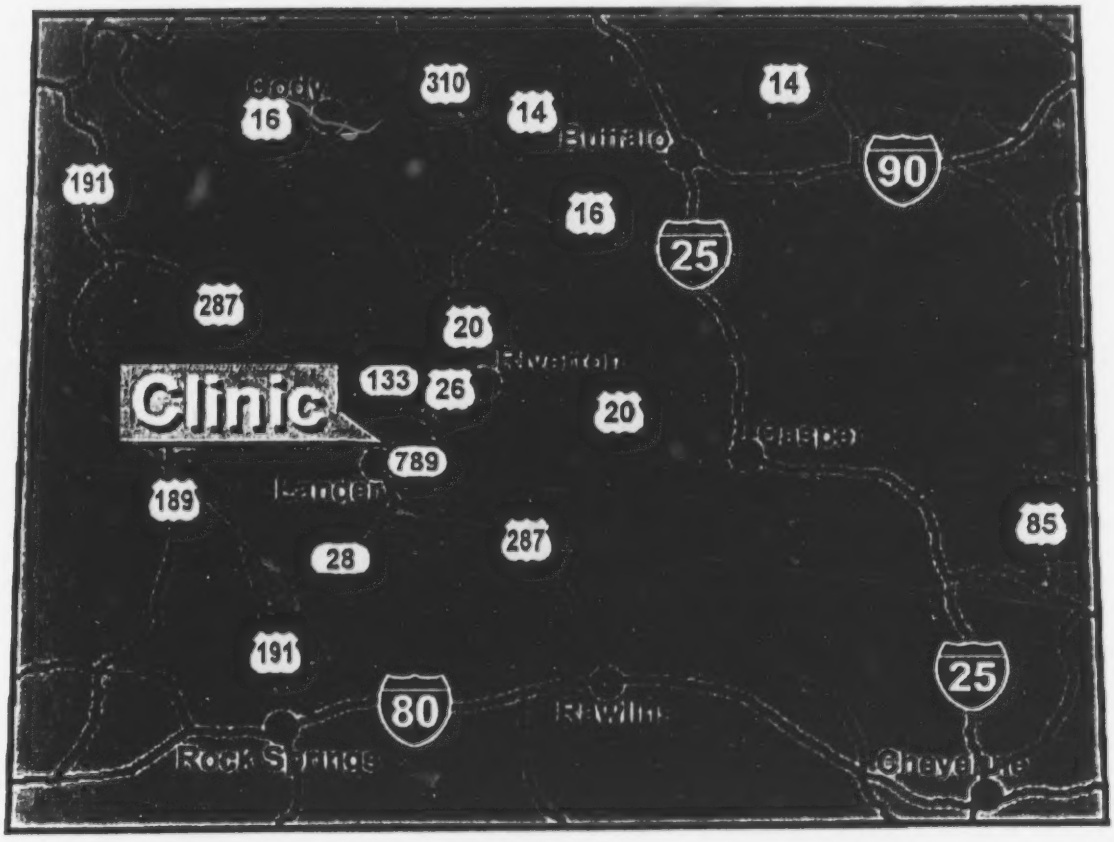
MAP

Map to clinic in Lander, Wyoming



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The clinic is held in the Emerson Building at the Wyoming State Training School in Lander, Wyoming. The closest commercial airport is in Riverton. Dining and accommodations are available in Lander.

FROM THE SOUTH

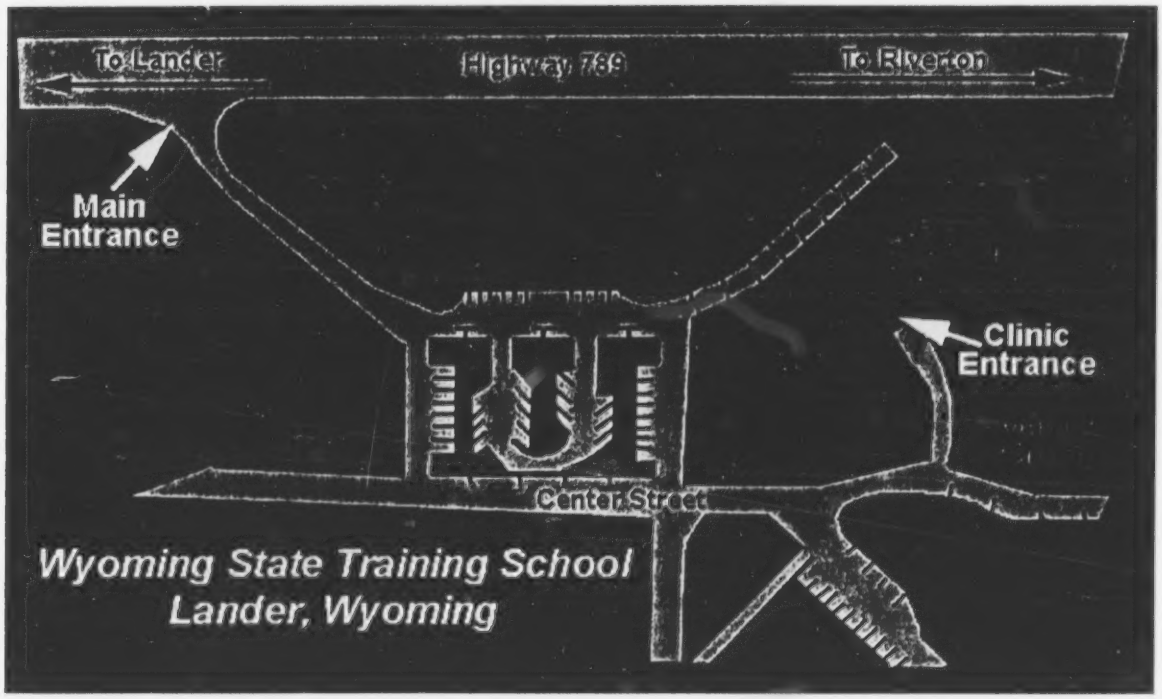
From Highway 287/789, drive through Lander until you reach a stoplight with a McDonald's on the corner. Turn right at that corner. The Wyoming State Training School is located on the right side of the road about one mile from McDonald's.

FROM THE NORTH

From Highway 287, drive through downtown Lander until you reach McDonald's on the corner with a stoplight. Turn left at that corner. The Wyoming State Training School is located on the right side of the road about one mile from McDonald's.

FROM THE EAST

From Riverton, take 789 toward Lander. The Wyoming State Training School is located on the left side of the road about one mile before Lander. If you reach McDonald's, you have gone one mile too far.



The Wyoming State Training School consists of several beautiful brick buildings and the entire school is surrounded by a three foot brick wall with brick pillars at the entrance. It's a very beautiful area and should capture your attention as you approach.

Please use the parking lots and do not park in the street. If all spaces are filled, please park parallel on Center Street. Security staff will be available to help with your parking questions. Thank you.

MapQuest

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Frequently Asked Questions

Q: Who can apply for the clinic?

A: Any child who resides in Wyoming between the ages of birth to 21 is eligible. No previous medical diagnosis is necessary. The clinic is intended to help diagnose a wide range of disabilities.

Q: Can my child's teacher attend?

A: Yes. Teachers are encouraged to attend with the parents.

Q: Are there any hidden costs?

A: No. The clinic is free and participants will be reimbursed for mileage and per diem for attending the clinic.

Q: What will I do while my child is being tested?

A: You will stay with your child through each station. If you choose to speak with the psychologist, child care will be provided.

Q: How will I remember everything I learned the day of the clinic, the schedule seems overwhelming?

A: A report will be sent to the parents and the schools with recommendations from each of the doctors visited and the WEIAT team.

Q: What is WEIAT?

A: The Wyoming Early Intervention Assessment Team (WEIAT) is a transdisciplinary educational team that provides an integrated assessment of your child that reflects the school's and family's concerns. Team members provide recommendations and suggestions in the follow areas:

*Hearing
*Communication
*Motor
*Self-Help Skills

*Cognition
*Behavior Modification

The WEIAT is an arena-type assessment---all of the team members work cooperatively. During the assessment, the parents/care givers, school staff and support staff are invited and encouraged to participate. This participation encourages questions to be asked and various strategies and techniques to be explored.

Q: Who is on the WEIAT team?

Hearing Impaired Specialist

Occupational Specialist

Speech-Language Therapist

Vision Teacher/Orientation & Mobility

Communication Adaptation Specialist

Physical therapist

Consultant for the Visually Impaired

Q: What kind of doctors will my child see?

Audiologist

Genetic Specialist

Low Vision Specialist

Ophthalmologist/Optometrist

Otolaryngologist (ENT)

Pediatrician

Psychologist

Q: Does my child have to see all of the doctors?

A: No, if you have specific concerns about your child, you should see the doctor that can help with those concerns.

Q: What happens if my child is not accepted for the next clinic?

A: Your child will be given preferential consideration for the next clinic.

Q: Can I bring my other children?

A: Yes, there is a lounge where your children can watch TV and someone can keep an eye on them while you are visiting with the doctors.

Q: When is the clinic offered?

A: The clinic is offered twice a year: once in the fall usually in October and one in the spring, usually the end of March or beginning of April.

Q: If I have other questions about what kind of services I can get for my child, is there anyone who can help?

A: Yes, a representative from the Wyoming Department of Health's Maternal and Child Health Program, the Parent Information Center, and the Parent Advocate will be at the clinic to answer those questions.

Photo Gallery

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TESTIMONIALS

Parent Testimonials

Cheryl	Vicki	Elizabeth

Click on a name to read about the clinic experience from these mothers.

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Cheryl

It was a long day, but it was well, well worth the time. It was a lot of fun and we found out a lot of stuff. The low-vision specialist showed us how to stimulate our son's vision. That's what he wants.

The school system really respects the clinic's evaluation. And we learned how to get a computer for our home that will connect to his school's computer.

Cheryl (Curtis' Mom)

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Clancey & Vicki

I found a totally optimistic group of people here---much different than what I'm used to. Everybody is here for your child. They have open minds and don't degrade me for my opinions. My expectations were way overmet. I got a bunch more answers than I had before--I really did.

Vicki (Clancey's Mom)

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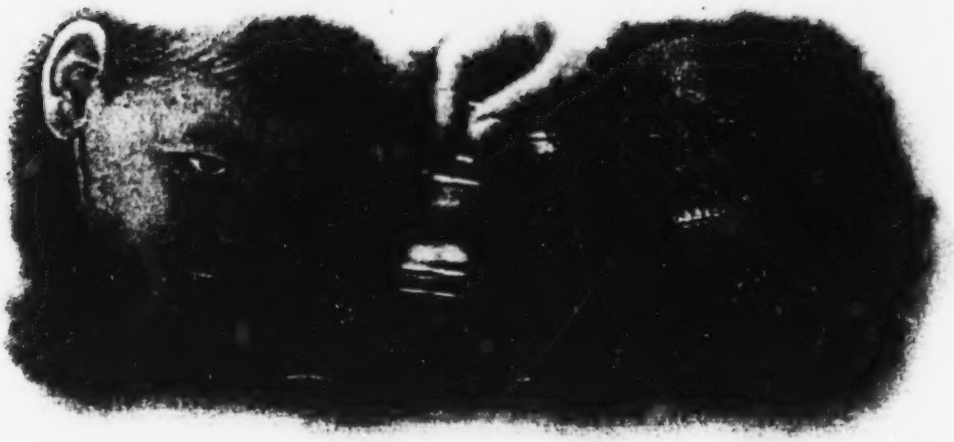

Tyler & Elizabeth

It was wonderful being able to see all the specialists in one day. Everyone we saw gave us new and specific information. I learned that Tyler's optic nerve is unfixable, but there are things that can be done to maximize the vision he does have.

I learned about tests that still need to be done so we can focus our interventions, planning and therapy. It was very parent-friendly--much less intimidating than a hospital atmosphere. It was more relaxed. They took more time to make sure our needs were met. In a word--terrific!

Elizabeth (Tyler's Mom)

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Video Lending Library

AFB "Hand-in-Hand: It Can Be Done!"
Series--Essentials of Communications and Orientation and Mobility for your students who are deaf-blind. Includes three-part booklet and training manual.

Effective Education--Adapting to Include all Students

Functional Vision: Learning to Look
Series

Volume 1: Where and when to teach; teaching self-control, teaching play time skills

Volume 2: What to teach; teaching choices; teaching dressing skills

Volume 3: How to teach; teaching with adaptations; teaching mealtime skills

HIV/AIDS Prevention
A guide for working with people who are blind or visually impaired.

Making Contact--Sensory Integrations and Autism

Making the Most of Early Communication
Strategies for supporting communication with infants, toddlers, and preschoolers with multiple disabilities including hearing and vision loss.

The Work Experiences of Jennifer Syler
Washington High School Teleproductions

Transdisciplinary Activity-Based Assessments for Learners with Deaf-Blindness and Other Multiple Disabilities
Developed by the Kentucky Deaf-Blind Project

Usher Syndrome Training
Series

1. Usher Syndrome Types I, II, III
2. Charge Syndrome
3. Genetics and Causes of Birth Defects
4. Patterns of Inheritance
5. Balance
6. Fetal Development
7. Retinitis Pigmentosa in Usher Syndrome

Vision Tests for Infants

What Can Baby Hear?
Auditory tests and interventions for infants with multiple disabilities

What Can Baby See?
Vision tests and interventions for infants with multiple disabilities

Wyoming Deaf-Blind Diagnostic Clinic
1. Parents and Professionals: Finding Answers Together
2. The Clinic's Role in Education: Assessing Wyoming's Children with Special Needs
3. Attending Our Clinic: You Are Not Alone
4. Making a Clinic Referral: Getting the Complete Picture

You and Me
Series

1. Introduction
2. Interpreter-Tutor
3. Communication
4. Mobility
5. Social Networks

Book Lending Library

A Guide to Complete Communication
An On-Hand Book for Parents of Deaf-Blind Children
A Resource List
Assessing and Interacting With the Visually Impaired Child
Assessing Young Children With Dual Sensory and Multiple Impairments Volume I, Volume II (ages Birth-5), Volume II (ages 6-15)
Beginnings
Books and Other Resources for Parents of Visually Impaired Children
Braille-N-Speak: Quick Reference
Brain Gym (Copyright)
Brain Gym: Teacher's Edition (Copyright)
California Research Institute--Inclusive Instruction Design
Catch the Dreams: Transitions in Wyoming
Communication: A Manual for You and Me Series
Communication With Learners Who are Deaf-Blind

Cooking by Touch
Creating Collaborative IEPs: A Handbook
Deaf-Blind Link: Family Resource Guide
Education and Transitional Best Practical Guidelines
Effective Practices in Early Intervention
Etiology and Characteristics of Deaf-Blindness
Extraordinary Play With Ordinary Things
Foundations of Orientation and Mobility
Get a Wiggle On
Guidelines for Working With and Playing With Deaf-Blind People
Helping Young Children with Visual Impairments Make Use of Their Vision
Including Students with Severe and Multiple Disabilities in the Typical Classroom
Inclusive School Practices, Pedagogical and Research Foundation
Interpreter Tutor--A Manual for Volume II of You & Me Series

It's More than a Flashlight
Making contact: Sensory Integration and Autism Manual
Oxidation and Aging and Impact of Vision
Making the Most of Early Communications: Discussion Guide
Moving On
Moving On: A Transition Project
North Dakota Services Project
On the Way to Literacy: Early Experience for Visually Impaired Kids
Orientation & Mobility Technologies
P & A
Perspectives on Effective Education: A Guide to All Children
Planning Today--Creating Tomorrow: A Guide for Transitions
Preschool Orientation and Mobility Screening
Procedures Manual for New England Pilot Project Center--Curriculum Guide
Quality Indicator for Early Intervention Services for Infants with Deaf-Blindness

South Dakota Services Project
Suggestions for Modifying the Home and School, Perkins
The Art & Science of Teaching Orientation and Mobility
The First Steps
The Functional Vision Evaluation Dilemma
The Oregon Project
The Role of the Family in the Rehabilitation of the Physically Impaired
Tools for Communication: Assessment for Children with Severe Disabilities
Too Many Pieces: Too Many Parts
Transdisciplinary Team Training
Transition Services for Youths Who are Deaf-Blind, Best Practices Guide for Educators
Usher Syndrome in the School Setting
Vermont Interdependent Services Team Approach: A Guide to Coordinating Educational Support Services
Vision therapy and Occupational Therapy

Visually Impaired--An Overview
When You Have a Visually Handicapped Child in the Classroom

Please contact us at 307-324-5333 for availability.

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How to learn even more.

Deaf-Blind Information on the World Wide Web
DB Link The National Information Clearinghouse on Children who are Deafblind.
Disability Net Information and links to a variety of information, research, news, and products for people who are disabled.
Deafblindness Web Resource Terminology, resources, support, bibliography, equipment, WWW access for people who are deafblind.
Usher Syndrome Information about a genetic condition that can cause deafblindness.
Blind/Visual Impairment Information Information about organizations that provide assistance for people who are blind or visually impaired.
Deaf/Hard of Hearing Information Information about organizations that provide assistance for people who are deaf or hard of hearing.

Deaf-Blind Information
Information about organizations that provide assistance for people who are deafblind.

Other Information
Wyoming State Contacts Government and other resources and contact information
Developmental Checklist for Young Children Normal signs of growth for young children. Check your child's progress against this chart.
Deaf-Blind Clinic Photo Gallery Photos of the clinic in action.
Sign Language Manual alphabet and print-on-palm charts.
Braille Braille alphabet and links.

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